FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

SEP 10:000

washington, DC

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

144/	510		
Expires: May 31, 2005 Estimated average burden			
OMB Number:	3235-0076		
Expires:	May 31, 2005		
Estimated average b	urden		
hours per response	1		

SEC USE ONLY								
Prefix		Serial						
1	DATE RECEIVE	ED						

	\
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Countrywood Crossing Shopping Center	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule	506 ☐ Section 4(6) ☐ ULOE
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Countrywood 1031, L.L.C.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2901 Butterfield Road, Oak Brook, Illinois 60523	(630) 218-4916
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (I
(if different from Executive Offices)	. I (104) 1844 (10) 1844 (10) 1844 (10) 1844 (10) 1844 (10) 1844 (10) 1844 (10) 1844 (10) 1844 (10) 1844 (10)
Disputition in	<u> </u>
Brief Description of Business	I TENDU PERPETURI PERPETURI DAN LEBAR DAN
The acquisition and sale of undivided tenant in common interests in real property.	/ 08059736
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed	other (please specify):
☐ business trust ☐ limited partnership, to be formed	limited liability company
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 2 0 8	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	or State:
CN for Canada: FN for other foreign jurisdiction)	<u>panCESSED</u>
GENERAL INSTRUCTIONS	T NO O SO
Federal:	SEP 1 2 2008
Who Must File: All issuers making an offering of securities in reliance on an exemption under Reg	
15 U.S.C. 77d(6).	THOMSON REUTERS
When to File: A notice must be filed no later than 15 days after the first sale of securities in the off	
Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the	
after the date on which it is due, on the date it was mailed by United States registered or certified m	
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.	C 20549
mare to the. C.b. Securities and Exchange Commission, 430 First Street, 17.17., Washington, D.	.0. 203-19
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be r	manually signed. Any copies not manually signed
must be photocopies of the manually signed copy or bear typed or printed signatures.	
Information Required: A new filing must contain all information requested. Amendments need on	
changes thereto, the information requested in Part C, and any material changes from the information	on previously supplied in Parts A and B. Part E and the
Appendix need not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State:	
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE)	
ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim	
accompany this form. This notice shall be filed in the appropriate states in accordance with state la	
this notice and must be completed.	•

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the

filing of a federal notice.

		A. BASIC IDENTI	FICATION DATA							
2. Enter the information requ	uested for the followi	ng:								
 Each promoter of the 	issuer, if the issuer l	has been organized within t	he past five years;							
 Each beneficial owners issuer; 	er having the power to	o vote or dispose, or direct	the vote or disposition of, 10	0% or more of a cl	ass of equity securities of the					
Each executive office	er and director of cor	porate issuers and of corpo	rate general and managing p	artners of partners	hip issuers; and					
 Each general and ma 	maging partner of par	tnership issuers.								
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)	<u>.</u>								
Inland Real Estate Exchange Corporation										
Business or Residence Addres										
2901 Butterfield Roa	ad, Oak Brook, I	llinois 60523								
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☑ General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Countrywood Excha	inge, L.L.C.									
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)								
2901 Butterfield Roa	ad, Oak Brook, I	llinois 60523								
Check Box(es) that Apply:		☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Countrywood 1031,	L.L.C.									
Business or Residence Addres	s (Number and Stree	t, City, State, Zip Code)								
2901 Butterfield Roa	ad, Oak Brook, I	llinois 60523								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Business or Residence Addres	is (Number and Stree	t, City, State, Zip Code)								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)			<u> </u>						
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Business or Residence Address	is (Number and Stree	t, City, State, Zip Code)								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)				Treembert & Middle					
Business or Residence Address	s (Number and Stree	t, City, State, Zip Code)								
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner					
Full Name (Last name first, if	individual)									
Business or Residence Address	s (Number and Stree	t, City, State, Zip Code)								

•				В.	INFORM	ATION AB	OUT OFFE	RING				
											Yes	No
1. Has	the issuer	sold, or doe							-			\boxtimes
			A	enswer also	in Appen	dix, Colum	ın 2, if filin	g under UI	LOE.			
2. Wha	at is the min	nimum inv	estment tha	ıt will be a	ccepted fro	m any indi	vidual?				<u>\$</u>	844,121*
											Yes	No
3. Doe	s the offeri	ng pe r mit j	oint owner	ship of a si	ingle unit?.			**************		***************	🛛	
com offe and/	er the information or ring. If a property or with a second pers	similar ren erson to be tate or state	nuneration listed is and s, list the r	for solicita associated ame of the	ition of pur d person or broker or	chasers in agent of a dealer. If r	connection broker or connection for the connection of the connecti	with sales dealer regis ve (5) pers	of securities stered with sons to be l	the SEC isted are		
	me (Last n	ame first, i	f individua	1)								
	uck, Paul ss or Reside	ence Addre	es (Numbe	r and Stree	et City Sta	te Zin Co	de)					
	09 Pinehil				i, Oity, 5ii	ito, zip co	uc)					
	of Associate	ed Broker o	or Dealer			•						
VS States i	n Which Pe	ercon Listo	d Uag Calie	sited or Int	ands to Sal	iait Duraha						
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Full Na	me (Last n	ame first, i										
	lbrod, Sco ss or Reside		ss (Numbe	r and Stree	t City Sta	te Zin Co	de)					
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	of Associate											
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^{*} A smaller amount may be accepted by the company, in its sole discretion.

				В,	INFORMA	ATION AB	OUT OFFE	RING		· · · · · · · · · · · · · · · · · · ·		
_											Yes	No
I. Has	the issuer s	ola, or aoe							_		. ⊔	K)
2 Wha	t is the mir	imum inv						_			¢ 9/1/	1 121*
2. Wila	t is the inii	IIIIIIIIIIIIIIIIIIIIII	Stillent tha	it will be a	cepted no	in any mui	viduai (***************	****************	************		
3. Does	the offeri	ng permit j	oint owner	ship of a si	ngle unit?.					•••••		No
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?												
			f individua	l)				= 1				
			ss (Numbe	r and Stree	et, City, Sta	te, Zip Co	de)					
193	1 65 th Av	e. Unit B,	Greeley,			•						
		d Broker o	r Dealer									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Cannon, Robert Business or Residence Address (Number and Street, City, State, Zip Code)												
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?												
				·								
States in	Which Pe	rson Listed	l Has Solic					· , · · · · ·			———- П AI	l States
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Full Nar	ne (Last na	me first, if									,	· ·
Busines	s or Reside	nce Addre			-	_	le)	· · · · · · · · · · · · · · · · · · ·				
Name of	f Associate			<u> </u>								
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^{*} A smaller amount may be accepted by the company, in its sole discretion.

•				В.	INFORM	ATION AB	OUT OFFE	RING		-		
1. Has	the issuer :	sold, or doe			sell, to nor				_		Yes	No
2. Wha	at is the min	nimum inve	estment tha	it will be a	ccepted fro	m any indi	vidual?				\$	844,121*
3. Doe	s the offeri	ng permit j	oint owner	ship of a s	ingle unit?.						Yes	No
com offer and/	mission or ring. If a p or with a s	similar ren erson to be tate or state	nuneration listed is a s, list the r	for solicite n associate name of the	ation of pur d person or broker or	chasers in agent of a dealer. If n	connection broker or one nore than fi	with sales dealer regis ive (5) pers	of securition stered with sons to be l	es in the the SEC isted are		
			f individua	l)								
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Sig	ma Financi	al Corpora	tion									
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						ite, Zip Co	de)					
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual)												
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated persons of agent of a broker or dealer region of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual) Goldstein, Les Business or Residence Address (Number and Street, City, State, Zip Code) 350 S. Northwest Hwy. Ste. 104, Park Ridge, IL 60068 Name of Associated Broker or Dealer Sigma Financial Corporation States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [III] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Nicholson, Gregory Business or Residence Address (Number and Street, City, State, Zip Code) 7825 Fay Ave. Ste. 110, La Jolla, CA 92037 Name of Associated Broker or Dealer LPL Financial States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [MI] [NB] [NJ] [NI] [NJ] [NM] [NJ] [NM] [NJ] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States). [AL] [AK] [AZ] [AR] [CA] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] Business or Residence Address (Number and Street, City, State, Zip Code) 445 Dolley Madison Rd. Ste. 306, Greensboro, NC 27410 Name of Associated Broker or												
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

^{*} A smaller amount may be accepted by the company, in its sole discretion.

1				B.	INFORMA	ATION AB	OUT OFFE	RING				
-									· <u> </u>		Yes	No
1. Has	the issuer	sold, or doe							-		. 🔲	\boxtimes
								-				
2. Wha	at is the mir	nimum inv	estment tha	it will be a	ccepted fro	m any indi	vidual?	*************			· <u>\$</u>	844,121*
3. Doe	s the offeri	ng permit j	oint owner	ship of a si	ingle unit?.						Yes	No □
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?												
			f individua	l)								
Busine	ss or Reside	ence Addre					de)					
		-		Greensbo	ro, NC 27	408		<u> </u>				
			or Dealer									
									🔲 All States			
	[AK]	[AZ]	[AR]		[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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	[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual)											
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR] Full Name (Last name first, if individual) Laughter, R. Lynette Business or Residence Address (Number and Street, City, State, Zip Code) 115 W. King St., Dalton, GA 30720												
				720						 		
												
						icit Purcha	sers	••••••	•••••		🛮 А	II States
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[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

^{*} A smaller amount may be accepted by the company, in its sole discretion.

B. INFORMATION ABOUT OFFERING								
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No						
Answer also in Appendix, Column 2, if filing under ULOE.								
2. What is the minimum investment that will be accepted from any individual?	<u>\$</u>	844,121*						
	Yes	No						
3. Does the offering permit joint ownership of a single unit?	🛛							
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								
·								
Business or Residence Address (Number and Street, City, State, Zip Code)								
		All States						
		[ID]						
		[MO]						
	[WY]	[PA] [PR]						
Full Name (Last name first, if individual)								
Business or Residence Address (Number and Street, City, State, Zip Code)								
Name of Associated Broker or Dealer								
		All States						
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA]	[HI]	[ID]						
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Business or Residence Address (Number and Street, City, State, Zip Code)								
Name of Associated Broker or Dealer								
		All States						
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^{*} A smaller amount may be accepted by the company, in its sole discretion.

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	/F P	KOCEEL	72			
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged						
	Type of Security		Aggrega ffering P		A	mount . Sol	Already Id
	Debt	\$	-0-		\$	-0-	-
	Equity	\$	-0-		\$	-0-	•
	☐ Common ☐ Preferred	_					
	Convertible Securities (including warrants)	\$	-0-		s	-0-	
	Partnership Interests.	s	-0-		s	-0-	
	·				_		
	Other (Specify <u>Undivided fractional interests in real estate</u>)		28,700,1			16,132	
	Total	3	28,700,1	00	7	16,132	,877.20
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					Aggre	-gate
			Numbe Investor				mount
	Accredited Investors		13		\$	16,132	,877.20
	Non-accredited Investors	_	-0-		\$	-0-	
	Total (for filings under Rule 504 only)				<u>s</u>		
	Answer also in Appendix, Column 4, if filing under ULOE.						
1	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.						
	Time of Official		Type of		D		mount
	Type of Offering		Security	y	c	Sol	ıa
	Rule 505				3_		
	Regulation A				3		
	Rule 504				<u>\$</u>		
	Total	_			<u>s</u>		
1. a	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.						
	Transfer Agent's Fees			\boxtimes	<u>\$</u>	-0-	
	Printing and Engraving Costs			\boxtimes	s	-0-	
	Legal Fees			×	<u>s</u>	179,930	0
	Accounting Fees	· • • •		\boxtimes	\$	-0-	
	Engineering Fees			☒	<u>s</u>	-0-	
	Sales Commission (specify finders' fees separately)			☒	s	1,739,4	100
	Other Expenses (identify)			Ø	<u>s</u>	-0-	
	Total			⊠	s	1,919,3	30

	· 							
	C. OFFERING P	RICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS					
b.	and total expenses furnished in resp	gregate offering price given in response to Part C onse to Part C – Question 4.a. This difference is the contract of the contr	he "adjusted	\$ 26,780,770				
5.	Indicate below the amount of the adjusted proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.							
			Payments to Officers, Directors & Affiliates	Payments To Others				
	Salaries and fees		🗖 <u>s</u>	<u>s</u>				
	Purchase of real estate		🗖 <u>s</u>	\$ 23,436,428				
	Purchase, rental or leasing and i	installation of machinery and equipment	🗖 s	s				
	Construction or leasing of plant	buildings and facilities		<u></u>				
	offering that may be used in exc pursuant to a merger)	(including the value of securities involved in this change for the assets or securities of another issued	🗆 <u>\$</u>	<u>s</u>				
	Repayment of indebtedness		🗆 <u>s</u>	_ D <u>\$</u>				
	Working capital		🗆 <u>s</u>	<u> </u>				
	Other (specify): Acquisition F	ee, O&O Expenses, Closing Costs	🛭 \$ 2,949,342	\$ 395,000				
	Column Totals		🛭 S 2,949,342	\$ 23,831,428				
	Total Payments Listed (column	totals added)	🛭 🗷	26,780,770				
	- <u></u> -	D. FEDERAL SIGNATURE						
foll	owing signature constitutes an under	be signed by the undersigned duly authorized per aking by the issuer to furnish to the U.S. Securities shed by the issuer to any non-accredited investor processes.	es and Exchange Commissoursuant to paragraph (b)	sion, upon written				
İssu	ner (Print or Type)	Signature	Date					
Coi	untrywood 1031, L.L.C.	Patricio a. Sellos	9/8/08					
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)	<u>,</u>					
	ricia A. DelRosso	President, Inland Real Estate Exchange Con Exchange, L.L.C., the sole member of Cou		r of Countrywood				

E. STATE SIGNATURE											
Is any party described in 17 CFR 230.262 of such rule?				Yes	No						
	See Appendix, Column 5, for state	response.									
2. The undersigned issuer hereby undertakes Form D (17 CFR 239.500) at such times a		of any state in which	this notice is fil	ed, a noti	ce on						
3. The undersigned issuer hereby undertake issuer to offerees.	es to furnish to the state administrato	rs, upon written req	uest, information	n furnishe	d by the						
4. The undersigned issuer represents that the Limited Offering Exemption (ULOE) of this exemption has the burden of establishing the control of the control	he state in which this notice is filed a	nd understands that t									
The issuer has read this notification and known undersigned duly authorized person.	ows the contents to be true and has d	uly caused this notic	e to be signed o	n its beha	alf by the						
Issuer (Print or Type)	Signature		Date		·						
Countrywood 1031, L.L.C.	Patricia a. la	llosso	9/8/08	Ś							
Name (Print or Type)	Title (Print or Type)										
	President, Inland Real Estate Excha	ange Corporation, the	sole member of	Country	wood						

Exchange, L.L.C., the sole member of Countrywood 1031, L.L.C.

Instruction

Patricia A. DelRosso

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to sell		3 Type of security					5 Disqualification under State ULOE (if yes, attach	
			and aggregate						
	to non-accredited investors in State		offering price offered in state	Type of investor and amount purchased in State			explanation of waiver granted)		
	(Part B-Item 1)		(Part C-Item 1)	(Part C-Item 2)				(Part E	
				Number of Accredited		Number of Non-Accredited			1
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		⊠	tenant in common interests \$28,700,100	4	\$5,417,349.20	-0-	-0-		⋈
со		⊠	tenant in common interests \$28,700,100	1	\$850,000	-0-	-0-		⊠
СТ									
DE									
DC									
FL									
GA		⊠	tenant in common interests \$28,700,100	1	\$2,000,000	-0-	-0-		⊠
ні									
1D									
IL		⋈	tenant in common interests \$28,700,100	2	\$1,314,200	-0-	-0-		⊠
IN									
ΙA					-,				
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
МО									
МТ									
NE					-				
NV									

APPENDIX 2 3 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price to non-accredited Type of investor and explanation of offered in state investors in State amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes State No Investors Investors Yes No Amount Amount NH NJ NM NYNC \times \boxtimes 1 \$844,121 -0--0tenant in common interests--\$28,700,100 ND OH OK OR \boxtimes 1 \boxtimes \$3,330,000 -0--0tenant in common interests--\$28,700,100 PA RI X SC \boxtimes tenant in common \$501,000 -0--0interests--\$28,700,100 SDTN TX UT VT٧A \boxtimes \boxtimes 2 \$1,906,207 -0--0tenant in common interests--



\$28,700,100

WA

WV

WI

WY

PR